

from medical care interventions than from primary preventive policy measures. Gender and ethnic differences in amenable mortality were also observed, calling attention to issues of socioeconomic equities to be addressed in the financing and delivery of health care.

PMDH6

AN ECONOMIC EVALUATION OF PHARMACEUTICAL COST CONTAINMENT POLICIES IN ALBERTA, CANADA

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OBJECTIVE: To perform a policy impact analysis of pharmaceutical cost containment strategies implemented by a third party payer (ministry of health (MOH)), in the province of Alberta, Canada, during the 1990s. **METHODS:** A retrospective, pre-post policy intervention regression-based time trend analysis of seniors' prescription drug expenditures between July 1992 and September 1999 was used for the evaluation. All seniors (aged 65 and older) in Alberta are eligible for publically subsidized prescription drug coverage. The policies included the introduction of least cost alternative (LCA) pricing for interchangeable drug products, pharmacy reimbursement changes, an increase in the co-payment rate by seniors from 20% to 30%, and the introduction of a maximum co-payment cap of \$25 per prescription. Policies were primarily evaluated from the societal perspective, and economic re-distributional consequences were also examined. **RESULTS:** Total drug expenditures for 1999 were approximately Can\$230 million (M) for the 300,000 eligible beneficiaries (seniors) in Alberta. The LCA and pharmacy reimbursement policies reduced overall societal costs by approximately 10%, or Can\$21.3M in 1999 (95% CI 7.4M–34.5M); the ministry saved Can\$18.1M (95% CI 7.0M–29.2M) and out-of-pocket costs to seniors were reduced Can\$3.6M (95% CI 0.2M–7.0M). An increase in the coinsurance rate and introduction of a maximum cap did not significantly decrease total drug expenditures, but the MOH realized significant savings of Can\$18.0M (95% CI 4.6M–31.3M) while drug costs to seniors increased by Can\$10.2M (95% CI 6.0M–14.3M) in 1999. **CONCLUSION:** The LCA and pharmacy reimbursement restructuring policies were effective in significantly decreasing overall drug costs to society. The increase in the co-insurance rate and introduction of a cap resulted in significant savings for the ministry but was achieved by shifting costs to seniors, raising issues of access and equity.

PMDH7

INTERNATIONAL COMPARISON OF PHARMACOECONOMIC GUIDELINES: CONSENSUS, DIVERGENCE AND PRACTICAL IMPLICATIONS

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A number of countries have developed pharmacoeconomic (PE) guidelines for three objectives: regulatory requirements, standardization of methods, implementation of Good PE Practice. At least 18 countries have issued such guidelines. **OBJECTIVES:** To compare and contrast existing guidelines for their usefulness and relevance for the practising health economist. Specifically, we aimed to highlight areas of agreement and dissent, and identify issues with practical implications in the different countries. **METHODS:** Existing documents were reviewed, analyzed, and a comparison undertaken. The following topics were considered when reviewing the documents: (1) objective (pricing and reimbursement, formulary inscription, state of the art), (2) degree of precision and prescription, (3) international consensus and (4) divergence (type of analyses, comparator, perspective, costing and implementation). Within each topic, issues addressed by the countries have been identified, and any recommendations promulgated have been compared. **RESULTS:** According to the degree of guideline prescription, three groups of countries can be identified: "soft" guidelines including countries such as Finland and Belgium; "moderate" guidelines such as Canada and Denmark and "strict" guidelines such as Australia and the Netherlands. For a number of issues, recommendations are consistent between the countries. For example, all national documents recommend that a societal perspective should be adopted and economic data should be described in both natural and monetary units. By contrast, there is a lack of consensus concerning costing. **CONCLUSIONS:** This work indicates that collaboration across countries and between sponsors, researchers and decision-makers is essential to reach an optimal degree of agreement and to perform convincing and useful studies. When designing an international PE study, it is essential to take into account local guideline requirements as they may lead to practical implications.

PMDH8

DO DECISION-MAKERS FIND ECONOMIC EVALUATIONS USEFUL? RESULTS OF FOCUS GROUP RESEARCH IN THE UK

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